



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|---|----------------------------------|----------------------------------|
| DATAMASTER SN 204169 | NAME OF AGENCY MSHP - Troop H | DATE OF INSPECTION 03/08/2013 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Cameron Police Department | | TIME OF INSPECTION 12:41 pm |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

| | |
|---|---|
| <input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) | DATE AND TIME (from printout) 03/08/2013 12:41 |
| <input checked="" type="checkbox"/> COMPUTER | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTERS |
| <input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER _____ 50 °C | <input checked="" type="checkbox"/> QUARTZ STANDARD |
| <input checked="" type="checkbox"/> FLOW DETECTOR | <input checked="" type="checkbox"/> CALIBRATION |
| <input checked="" type="checkbox"/> PUMP HIGH SPEED | <input checked="" type="checkbox"/> PRINTER |
| <input checked="" type="checkbox"/> INDICATOR LIGHTS | |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc. LOT # 11220 EXP. DATE 10/24/2013 | |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.1 °C SIMULATOR SN G11063 EXP. DATE 01/17/2014 | |
| <input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) | |
| Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) | |
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE | |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE | |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE | |

| | | |
|-------------|-------------|-------------|
| TEST 1 .097 | TEST 2 .097 | TEST 3 .097 |
|-------------|-------------|-------------|

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | | | | | | | |
|----------|---|---------|----|-----------|---|-----------|---|-----------|---|----------|---|
| REFUSALS | 0 | (0-.04) | 10 | (.05-.09) | 1 | (.10-.14) | 2 | (.15-.19) | 0 | OVER .19 | 1 |
|----------|---|---------|----|-----------|---|-----------|---|-----------|---|----------|---|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

| | |
|--------------------------------------|-------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE <i>Tpr. J. M. Cross</i> | PRINT FULL NAME Tpr. J. M. Cross |
| TYPE II PERMIT NUMBER 230017 | TELEPHONE NUMBER (816) 387-2345 |

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 11220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 27, 2011, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1205% (w/vol) ethyl alcohol. The expiration date for this lot number is October 24, 2013 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN102408-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



**PERMIT
TYPE II**

JASON M CROSS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 02/08/2013
NUMBER 230017
EXPIRES 02/08/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
C DATAMASTER SERIAL NUMBER 204169
08-08-13
12:41

THE END

| | |
|-----------------------|------|
| COMPUTER: | DEAF |
| PROGRAM (04-07-2009): | OKAY |
| FILE #: | |
| SAMPLE NUMBER: | 50c |
| FLOW DETECTOR: | OKAY |
| PUMP: | |
| INLET PRESS: | DEAF |
| DETECTOR: | DEAF |
| FILTER: | DEAF |
| QUARTZ CRYSTAL: | OKAY |
| CRYSTAL TEMP: | OKAY |

F

[illegible]

Signature

BAC DataMaster

Evidence Ticket

[illegible][illegible]

1. *Phragmites australis* (Cav.) Trin. ex Steud.

[illegible]

Operator Signature

Thypha

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204169
03/08/13

ARREST TIME: 12:41

SUBJECT NAME:

TEST

DOB: 01/01/01 SEX: M

STATE/D.L.: MO/TEST

ARRESTING OFFICER:

TEST

OFFICER I.D.: TEST

TESTING OFFICER:

CROSS/J.M

OFFICER I.D.: 135

PERMIT NUMBER: 230017

EXPIRATION DATE: 02/08/15

MISCELLANEOUS DATA:

BREATH ANALYSIS:

RADIO INTERFERENCE

Operator Signature

